

MINUTES
of the Second Meeting of the
Surgical First Assistants' Technical Review Committee

April 8, 2015
1:00 p.m. to 4:00 p.m.
Lower Level Conference Room "F"
The Nebraska State Office Building, Lincoln, NE

Members Present

Diane Jackson APRN (Chairperson)
Ben Greenfield, LP
Judith Lee Kissell, PhD
Mary C. Sneckenberg
Jeff Baldwin, Pharm. D., R.P.
James Temme, R.T.

Members Absent

Michael R. Kinney, J.D.

Staff Present

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Ben Greenfield called the meeting to order at 1:05 p.m. The roll was called; a quorum was present. He welcomed all attendees and indicated that the agenda and Open Meetings Law were posted and the meeting was advertised online at http://dhhs.ne.gov/Pages/reg_admcr.aspx. The committee members unanimously approved the agenda and minutes from the March 6th, 2015 meeting.

II. Discussion on the Surgical First Assistant Proposal

Applicant group representative Bruce Rieker introduced Jessica Mills a Certified Surgical First Assistant (CFSA) and Certified Surgical Technologist (CST) from Grand Island, Nebraska. In addition, Linda Shoemaker and Elizabeth Hurst were also introduced as representing the applicant group.

Mr. Rieker asked about what to expect at subsequent meetings. Mr. Gelvin indicated the next several meetings would continue to focus discussion on the proposal with the committee members asking questions and seeking clarification in regards to the Surgical First Assistant (SFA) proposal. At a future meeting the review committee will take action to formulate a preliminary recommendation which will help set the course for the public hearing. Mr. Gelvin briefly explained the process for the public hearing.

Mr. Rieker then asked about amending the applicant groups' proposal if there were to be a change in concept. Mr. Gelvin stated that an amendment to the proposal would have to be brought before the review committee and accepted by the review committee.

Ms. Hurst distributed copies of definitions (attachment 1), a job description for Surgical Assistant from the Association of Surgical Assistants (attachment 2), a job description for

Surgical Technologist from the Association of Surgical Technologists (attachment 3), a copy of Dr. Baldwin's email inquiry dated March 9, 2014 (attachment 4) and a copy of the applicant group responses to Dr. Baldwin's email inquiry (attachment 5). Ms. Hurst and the applicant group then proceeded to answer each of Dr. Baldwin's questions referencing their handout containing responses.

Dr. Kissell asked if the various definitions of supervision were consistent with that of other professions and if the Uniform Credentialing Act (UCA) had various levels of supervision defined. Ms. Hurst stated she would look at the UCA for definitions of supervision and stated that the definition the applicant group is using is from the Centers for Medicare and Medicaid Services (CMS). It was agreed that definitions would be addressed as they come up in context.

Ben Greenfield requested the applicant group create an outline of the exact scope of practice for SFA's and ST's including level of supervision for each. Ms. Hurst stated they only created a scope of practice for SFA's because that was the group the proposal focuses on for licensure. It was further stated that ST's do not have a scope of practice, however they do have a job description that outlines their job duties. In addition, the applicant group is only requesting personal supervision for SFA's which means the surgeon is present in the operating room at all times.

There was significant discussion regarding why the applicant group didn't include Surgical Technologist to be licensed. Some of the comments included the differences in the education and experience levels between SFA's and ST's. It was noted an ST could pursue becoming an SFA as a natural career progression. An applicant group member stated that some hospitals will do on-the-job training for ST's and others require education. Examples of the work ST's perform in the operating room were discussed by members of the public. The president of the Nebraska State Assembly of Surgical Technologists and Surgical First Assistants gave the example that one ST (1st Scrub) is responsible for maintaining the sterile field and another ST (2nd Scrub) is at the operating table running a scope and having patient contact. She further related that at times there may only be one ST standing across from the surgeon holding retractors or running scopes.

Mr. Greenfield reiterated that he supports SFA's being licensed and worries about ST's being left out. Dr. Kissell and Ms. Sneckenberg both voiced support to include ST's in the pursuit of licensure.

There was discussion involving the delegation of duties to ST's. There were statements made in regard to a late 1800's law that states a physician cannot delegate to an unlicensed person. In addition, the Nurse Practice Act was referenced stating that a ST performs their duties under the delegation/supervision of a nurse. Mr. Rieker stated that his understanding of the law is that a surgeon can delegate to a licensed person such as a Physician Assistant or a Nurse within their scope of practice.

Dr. Kissell asked what happens in areas of greater Nebraska if the proposal is moved forward. An applicant group member stated it would result in better expertise and care being provided. Ms. Jackson asked if there would be a hardship created on ST's if licensure were to be required. Mr. Greenfield responded that there should be a grandfather clause and honeymoon period outlining the timeline ST's have leading up to the time they would be required to be licensed. Mr. Rieker stated that it is not easy to recruit surgeons in rural areas and described pods of surgeons who take staff with them around to hospitals to perform procedures

Mr. Temme asked if there were a scope of practice for SFA's and licensure requirement, would it prevent ST's from performing their duties. The thought was that it wouldn't. However careful consideration will be given to this question as the review moves forward. A statement was made that the committee should explore further what aspects of the SFA scope of practice are exclusive to them and what aspects overlap with ST's and other medical practitioners in the state. It was also suggested that there may need to be exemptions for some practitioners currently licensed in Nebraska.

Ms. Jackson asked how many hospitals in Nebraska utilized Certified Surgical Technologists versus on-the-job trained ST's. The response was that the majority of hospitals require graduation from an accredited institution. It was further stated that several hospitals, approximately 1/3 will not use ST's because insurance companies require higher levels of education. Ms. Jackson further inquired if someone could achieve the education and then not sit for the exam. The response was ST's are not required to sit for the exam. However those that do have a 100% passing rate.

Ms. Sneckenberg made the observation that most all of the people around the operating table are licensed except for the ST's and she could see a benefit in pursuing licensure for ST's.

Mr. Rieker stated that he appreciates of the comments and inquiry about the proposal. He further indicated that the applicant group would work to clarify the SFA's scope of practice and the ST's job duties. He further indicated that they would explore licensure of ST's.

III. Comments by Other Interested Parties

There were no additional comments by other interested parties at this time.

IV. Public Comment

There were no additional comments by public attendees at this time.

V. Next Steps

The applicants and the Technical Review Committee (TRC) members agreed that there is a need to address shortcomings in the current SFA proposal pertinent to the following:

Identifying and defining a place for surgical technologists in statute.

Identifying options for establishing a definable scope of functions for surgical technologists including the idea of licensing.

Identifying areas of overlap between surgical technology functions and surgical first assistant functions and ensuring that whatever changes are made in the proposal allow both of these professions to be able to perform their functions.

Identify and advance standards of education and training that are consistent with public protection vis-à-vis the services of both of the professions under review.

The applicants and the TRC members agreed that it is vital that the applicants network with the representatives of other professions as they consider possible revisions to their proposal including the representatives of nursing, physician assistants, and surgical technologists, for example.

The applicants and the TRC members agreed that the May 6th meeting should be cancelled because the applicants will need more time than this schedule would allow to accomplish the tasks described above. The next meeting of the TRC is now scheduled for May 27th, 2015 beginning at 1:00 p.m.

The TRC members requested that the applicants submit their revised proposal for posting on the link at least one week in advance of the May 27th meeting.

VI. Other Business and Adjournment

There being no further business, the meeting was adjourned by acclamation at 3:00 p.m.

Attachments:

Attachment 1 Definitions

Attachment 2 Job description for Surgical Assistant from the Association of Surgical Assistants

Attachment 3 Job description for Surgical Technologist from the Association of Surgical Technologists

Attachment 4 Dr. Baldwin's email inquiry dated March 9, 2014

Attachment 5 Applicant group responses to Dr. Baldwin's email inquiry